

ANNEXURE.

DEPARTMENT OF HEALTH, MYSORE.

Certificate No.....

BUREAU OF LABORATORIES,
VACCINE INSTITUTE,

Bangalore.....193

This is to certify that.....has been trained in this Institute
from.....193 to.....193. He is qualified to be employed as a Public
Vaccinator. His conduct during the period of training was.....

CASTE.....AGE.....PLACE OF BIRTH.....

Identification Mark.....

Thumb Impression Right.....

Thumb Impression Left.....

Father's Name.....

Signature of Candidate.....

Date.....

Superintendent.

Countersigned

Director of Health in Mysore.